

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COOKE PICTURES			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2015		
Mailing Address 2316 W VICTORY BLVD			Amount 5000.00		
City BURBANK	State CA	Zip Code 91506	Transaction ID : SE24.1048		
Purpose of Expenditure AGENCY FEE - CONSULTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought		5000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DIRECT ANSWER			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2015		
Mailing Address 414 SMOKEY HOLOW ROAD			Amount 3353.16		
City CAPON BRIDGE	State WV	Zip Code 26711-2401	Transaction ID : SE24.1051		
Purpose of Expenditure ONLINE STORE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought		498175.22	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8353.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
11 / 13 / 2015

Signature